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OFFICIAL COMMUNICATION

Facsimile Transmittal

DATE:

October 26, 2005

TO:

Amendment

Commissioner for Patents

ATTN:

Examiner: Betsy Lee Deppe

Art Unit: 2637

FAX NUMBER: (571) 273-8300

FROM:

S. Hossain Beladi, Attorney for Applicant

Registration No. 42,311

Total Number of Pages Sent:

8

(including this transmittal cover sheet)

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FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 000467

ENCLOSED ARE:

Amendment (5 pages)

• Transmittal (in duplicate)

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OCT 2 7 2005

APPLICANT: Tao Chen et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/772,779 FILED: January 29, 2001

FOR: Method and Apparatus for Managing Finger Resources in a Communication System

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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10-26-05

P.002/008 F-270

PTO/SB/21

U.S. Department of Commerce Patent and Trademark Office PATENT

T-406

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Customer No.: 23696

Attorney Docket No.: 000467
In Re Application of: Tao Chen et al.

Serial Number: 09/772,779
Filed: January 29, 2001
Examiner: Betsy Lee Deppe
Group Art Unit: 2637

Dear Sir:

Depositor's Name:

Date: October 26, 2005

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Pai For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	3	34	0	x \$50 =	\$0.00
Independent**	1	4	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): Yes No				\$360	\$0.00
EXTENSION FEES			One Month	\$120	\$120.00
			Two Months	\$450	\$0.00
			Three Months	\$1020	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$120.00
io 37 CFR to 37 CFR Date: October 2 QUALCOMM In Atm: Patent Deps 5775 Morehouse I San Diego, Califo Telephone:	1.25(b), any fee wh 1.18 inclusive, for a 6, 2005 corporated artment Drive	atsoever which i	nay become prope	Deposit Account No. 17-00 rly due or payable, as set lon without specific additional set of the set	forth in 37 CFR 1.16 onal authorization.
	CERTIFIC	ATE OF MAIL	ING/TRANSMIS	SION (37 CFR 1.8(a))	
I hereby certify that this correspondence is, on the date shown below, being:					
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(type or print name)